



Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT

Effective Date: April 14, 2003

PLEASE REVIEW CAREFULLY

The Notice of Privacy Practices tells you how the Department of Health and Hospitals uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _____, have been given a copy of the
Department of Health and Hospitals' **Notice of Privacy Practices**.

Individual's Signature

Date

Personal Representative

Date

Signature of witness (If signed with an "X" or mark)

Date